Facets of Performance and Co-occurring Difficulties

This lecture does not seek to define conditions that can co-occur with dyslexia, but focuses upon the cumulative impact on day-to-day-life and life prospects for young adults who have co-occurring difficulties. There is a *Facets of Performance Checklist* in the Appendix. This has been devised to help practitioners to consider the wide range of areas of human behaviour that need to be considered when we appraise performance and seek to support those who encounter barriers to smooth/competent performance in different areas of their lives. It is not intended to be seen as complete.

The Crystal Model

Although one of the central claims of The Crystal Model (2009), that there are underlying strengths as well as weaknesses in every learner, lacks research data to verify it, the model has been found a useful vehicle in training sessions to raise awareness of the range of characteristics and cognitive processes that one has to consider when caring for, working with or teaching individuals with language and communication needs (Heritage, Virag & McCuaig, 2011). The Model takes categories such as 'person with dyslexia', person with developmental co-ordination disorder/dyspraxia', 'person on the autism spectrum' etc. and breaks these categories down into key manifestations or facets. This is an important shift as it emphasises how characteristics of one condition are echoed in another, showing overlaps. The version of The Crystal Model in Figure 1 has been slightly amended to incorporate working memory, which was missed out in the original model.

Some facets might only need to be considered when we are supporting the development of literacy or numeracy skills, but others are of importance within the workplace, even when literacy and numeracy skills have developed to some extent or even to a good standard. It has been put together from a range of sources (e.g., Fischer, Barkley, Smallish & Fletcher, 2005; Portwood, 1999, 2000; Kirby & Drew, 2003; Christie, Newson, Prevezer & Chandler, 2009; Grauberg, 1997).

The complexities that arise because of the co-occurrence of conditions cannot be underestimated. The overlap of conditions can create significant problems both within medical and educational spheres, with reference to defining and strategically supporting individuals. Gillberg (2010) states "… in clinical practice, this insight has not led to new approaches to addressing the needs of children and families with 'complex needs'. Instead, diversification has boomed" (p.1; see also, Gillberg, 2014). Unfortunately, in the educational sphere diversification has boomed as well, leading to at best patchy understanding about how to strategically support

learners with complex educational needs and this has had a knock-on effect within our society as children who have not had their needs adequately met have grown up. Gillberg (2010) makes the case for not compartmentalising too early with a very specific diagnosis; if this happens then the learning difficulties can be lost in more over-arching labels such as 'autism spectrum' or 'ADHD'. He states that we need to acknowledge the complexity of potential needs rather than scrambling to pin a label on too soon. He argues for a "holistic approach – on first presenting to services – to diagnosis and intervention…the approach to diagnosis is likely to be unhelpful if it is exclusively directed to the diagnosis of one of these 'disorders'" (p.7). This highlights the tension that can arise from splitting clinical aspects of a child's assessment from educational assessment and can have huge implications for the life opportunities of that child as he or she grows up (Bercow, 2008; Dugdale & Clarke, 2008; Gillberg, 2010, 2014).
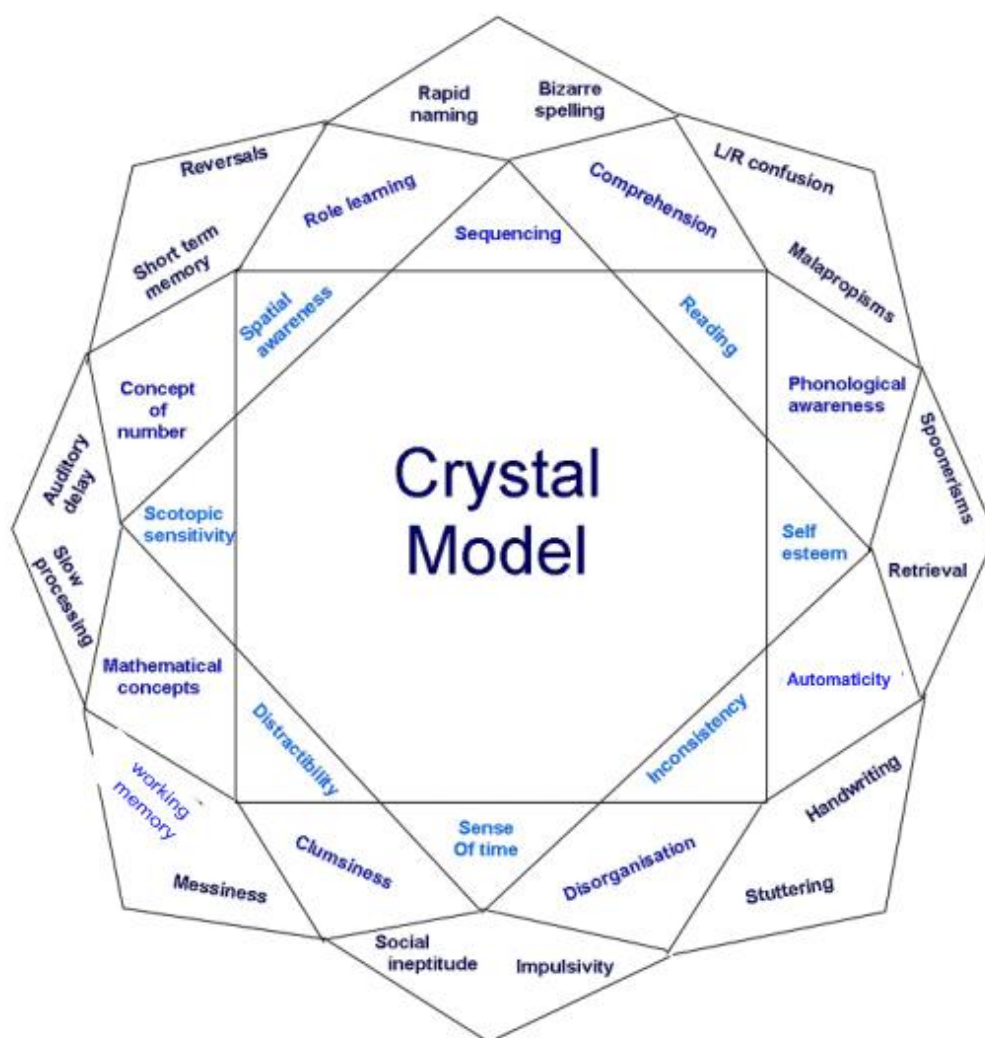
Figure 1

Speech and Language Difficulties – The Impact

What does it mean in practice to have communication problems? It can affect your ability to express yourself and your ability to understand what is being said to you. Whilst on holiday we can encounter this sort of difficulty if we have no phrase book and no knowledge of the language. This is novel for a while and making oneself understood can be quite and enjoyable challenge for a short while. But day in and day out, how would it feel to:

- Be unable to tell someone about something important because you can't find the right words or the words get jumbled as you try to say them.
- Be speaking but unable to make yourself understood
- Be unable to understand what is said to you or to join in conversations as they are too complex
- Be unable to read unfamiliar signs or written information
- Be unable to express yourself in written form – even a short note

Life would seem like a series of steep climbs: a constant trial.

Literacy development will not always be severely affected, and can be superficially at least reasonable: phonological skills can be adequate, but comprehension of what is read can be poor (Bishop, McDonald, Bird & Hayiou-Thomas, 2009) and it seems possible that understanding of what is said (known as receptive vocabulary) could also be weak. This shows that we need to be careful what conclusions we draw about a person's ability to understand what is said and what is written from their ability to decode print (Bishop, McDonald, Bird & Hayiou-Thomas, 2009). Interestingly, research done by Conti-Ramsden & Durkin (2008) found that language and literacy play a larger role in the promotion of independent functioning in adolescents with speech and language difficulties (and in typically developing adolescents) than other types of cognitive processes (e.g. non-verbal reasoning skills).

Studies (e.g. Clegg, Hollis, Mawhood & Rutter, 2005) that have tracked individuals with a range of developmental language disorders into adulthood have found that these individuals as adults continue to display difficulties with interpreting the motives and actions of others and substantial difficulties with social adaptation. The individuals also had an increased risk of psychiatric disorder in adult life. As Whitehouse and colleagues starkly sum up the possible life-outcomes and the requirement for on-going, strategic support:

> "…language impairment often persists to adulthood and has wide-ranging implications for broader life outcomes. The findings highlight the pressing need for ongoing intervention for these individuals that focus not only on important language and literacy

skills, but also on strategies that will promote psychosocial adjustment" (Whitehouse, Watt, Line & Bishop, 2009, p, 525).

Persisting difficulties in social integration skills are also recorded in the research done by St Clair and colleagues. Their work suggests that different aspects of early language skills and reading skills exert varying types and degrees of influence on the person's behavioural, emotional and social profile. In particular, reading and expressive language abilities appear to be linked only to behavioural problems, whereas pragmatic language difficulties appear linked to emotional and social difficulties. The researchers state: "As a group, those with a history of SLI [speech and language impairment] have poorer long term social and, to a lesser extent, emotional outcomes. In contrast, behavioral difficulties appear to decrease to normative levels by adolescence" (St Clair, Pickles, Durkin & Conti-Ramsden, 2011).

Research into Young Offenders' Language Skills

The broad impact that overlapping clusters of such difficulties can have upon people's lives is reflected in the high proportions of young offenders who have language, literacy and communication difficulties (Dugdale & Clark, 2008). The Bercow Report, (2008), states that at least 60% of the children and young people that pass through young offender units each year have difficulties with speech, language and communication sufficient to affect their ability to communicate effectively with staff about routine matters. Added to this already shocking finding the communication difficulties were found to be so severe that the young people would be unable to benefit from verbally mediated support – so things like literacy tuition or anger-management work. Furthermore, a failure to address such fundamental communication issues was found to contribute to the young person re-offending. Research done by Snow & Powell in 2011 showed that 46% of the young offenders that took part had significant and undiagnosed language impairment and that the severity of the impairment was linked to the severity of their offending record. In a study by Bryan, Garvani, Gregory, & Kilner (2015) in a Secure Training Centre 109 young people underwent screening tests for speech, language and communication needs (SLCN). The research team found that 'Only two of the participants had previously been identified with SLCN. Of those screened *only 28% were found to not require any additional support,* whilst 14.4% were identified for 1:1 speech and language therapy intervention' (cited in Coles, Gillett, Murray & Turner, 2017) (Italics added for emphasis). A report from The Royal College of Speech and Language Therapists reads:

"If speech and language therapy is not provided then the risk is that communication difficulties become more severe and pervasive and may require more complex interventions. This can lead to developmental disadvantage, poor social skills, behavioural problems, emotional difficulties, and mental illness. In turn this can result in poor employment prospects, social exclusion and

offending behaviour" (Bryan & Mackenzie, 2008, p.3). This summary is echoed in more recent research that considers young offenders' own perspectives on their own language and literacy difficulties. The findings of this research by Hopkins, Clegg and Stackhouse (2016), which reports that the young offenders interviewed were frustrated by their communication and literacy skills. The young people reported that they had difficulty in understanding others, and expressed that they felt a lack of support and a lack of respect from others. Overall, the young offenders report that difficulties in communication was impacting negatively on their self-esteem. The research findings suggest that young offenders "… often found themselves in disputes with authority figures, but that they avoided using positive communication to solve such conflicts and also avoided confiding in others…" (p.95). In her doctoral thesis Simak (2018) explores how speech language and communication needs of young people affect the restorative justice process, that is the process by which people who have committed offences can work with victims of crime and the wider community to repair the harm caused. She states:

> "…it is not possible to achieve the principles of restorative justice without open and efficient communication between stakeholders…. the young people's communication difficulties …. affect the power relationship between participants of [the restorative justice processes]" (Simak, 2018, p.3).

Social Justice

Our medical, educational and social support systems should be the prime instigators of social inclusion and social justice. If they do not work together to address the specific needs of learners in school then we could be seen as systematically excluding such learners from a stake in society: disempowering them in later life. Hegel dealt with related issues hundreds of years ago, in works such as *The Philosophy of Right,* where he touches upon the circularity of civic society: "… civic society has the right and duty of superintending and influencing education, in as much as education bears upon the child's capacity to become a member of society." (Hegel, 1820/1979, # 239). He argues that if these duties are neglected that people can be "… more or less deprived of all the advantages of society..." (Hegel, 1820/1979, # 241). Hegel's ideas have been built on latterly by writers such as Johan Galtung in his notion of structural violence (1969). He says:

> "Violence is here defined as the cause of the difference between the potential and the actual, between what could have been and what is. Violence is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance. Thus, if a person died from tuberculosis in the eighteenth century it would be hard to conceive of this as violence since it might have been quite unavoidable, but if he dies from it today, despite all the medical resources in the world, then violence is

present according to our definition (p. 168)."

It is sobering to think in this way about educational opportunities as it sets terms like 'inclusion' and 'barriers to learning' alight, when they at times have lost their intensity through empty, parroted repetition.

Gill Cochrane, 2020

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APPENDIX

Facets of Performance Checklist
Advice about considering the different facets listed: • Does the person show relative strengths in particular areas? • How can any strengths be capitalised upon? • What impact could challenges in this area have upon day-to-day life or workplace tasks? • How can any relative weaknesses be strategically supported? • Is performance consistent or erratic? • How could context alter performance? NB: It is important to note that some of the facets are huge areas in their own right and could be subdivided into many more sub-categories. This list is given only to demonstrate the range of facets of performance that need to be considered.

Facet to consider
Mathematical understanding
Written arithmetic
Mental arithmetic
Rote learning Strength (S) / Weakness (W)
Lack of social understanding
Turn taking in conversation
Maintaining eye-contact
Poor grasp of speech pragmatics
Emotional / behavioural control
Anxiety
Difficulty with task-switching/ interruption (perseveration)
Find routines comforting

Fidgeting / restlessness
Organisational difficulties
Obsessive collecting/ routines
Difficulties with multi-tasking
Poor verbal working memory
Poor sense of time
Difficulty sustaining concentration/ distractibility
Conation (grit)
Self-esteem
Impulsivity – difficulty with response inhibition
Sensitivity to sound/ touch/smell/bright light
Difficulty retaining sequences of information
Word retrieval difficulties
Rapid naming deficit
Organising explanations in written or spoken form
Lack of internal dialogue
Poor sense of balance
Difficulty automating skills/ procedural memory weakness
Articulation difficulties
Gross motor control S / W

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Fine motor control S / W
Poor handwriting
Erratic performance
Directional confusion
Poor short-term phonological memory (the ability to repeat back words and short sequences of letters numbers without manipulating them in any way)
Phonological awareness
Slow processing of speech
Receptive/ expressive vocabulary
Idiomatic language / detecting humour or sarcasm
Comprehension of non-verbal language
Poor figure-ground discrimination (auditory)
Difficulty reading aloud / non-words / comprehension
Phonetic/ bizarre spelling
Poor figure-ground discrimination (visual)
Lack of form constancy
Configural processing (patterns)
Poor copying skills
Visualisation S / W
Non-verbal reasoning S / W
Spatial reasoning S / W